PTO/SB/30 (04-05)
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Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/625,843				
	Filing Date	July 24, 2003				
	First Named Inventor	Michiru SENDA				
	Art Unit	2673				
	Examiner Name	N. Patel				
	Attorney Docket Number	606402013500				
This is a Decreat for Continued Evamination (DCE) under 27 CED 4.444 of the above identified application						

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June

s, 1995, or to any design application.						
Submission required under 37 CFR 1.114 Note: If the RCE is proper, a amendments enclosed with the RCE will be entered in the order in which they wapplicant does not wish to have any previously filed unentered amendment(s) amendment(s).	ere filed ui	nless applica	int instructs otherwise. If			
a. Previously submitted. If a final Office action is outstanding, and may be considered as a submission even if this box is not che		ments filed	after the final Office action			
i. Consider the arguments in the Appeal Brief or Reply Brief p	reviously	filed on				
ii. Other						
b. x Enclosed						
i. Amendment/Reply iii. X Information	Disclosu	re Stateme	nt (IDS)			
ii. Affidavit(s)/Declaration(s) iv. Other						
2. Miscellaneous						
a. Suspension of action on the above-identified application is recommended period of months. (Period of suspension shall not e						
b. Other						
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114	when the	RCE is filed				
Fee	<del>ve enclos</del>	ed a duplic tal form (P	of fees, or credit any ate copy of this sheet. rO/SB/17) is attached to			
i. X RCE fee required under 37 CFR 1.17(e)						
ii. Extension of time fee (37 CFR 1.136 and 1.17)						
iii. Other						
b. Check in the amount of \$ end	losed					
c. Payment by credit card (Form PTO-2038 enclosed)						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
Signature Signature Res. #45,640		T	24, 2006			
Name (Print/Type) Barry E. Bretschneider	Registra	ation No.	28,055			

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OCT 2.4 2006				Appro	ved for use through	n 7/31/2006. O	D/SB/17 (01-06) DMB 0651-0032	
Under the Reperwork Re	duction Act of 1995, no	o person are required to	U.S. Pat respond to a collect	ent and Tradema	rk Office; U.S. DÉI	PARTMENT OF	F COMMERCE	
Fees pure want to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
l '	ANSMIT		Application N		10/625,843			
i e		IIAL	Filing Date	Filing Date Ju		July 24, 2003		
Fo	r FY 2006		First Named	Inventor N	Michiru SENDA			
			Examiner Nan	Examiner Name N.		N. Patel		
Applicant claims sn	nall entity status. See	37 CFR 1.27	Art Unit 2673					
TOTAL AMOUNT OF PA	TOTAL AMOUNT OF PAYMENT (\$) 790.00			et No. 6	606402013500			
METHOD OF PAYME	NT (check all tha	t apply)						
Check Credit	t Card Mor	ney Order No	one Othe	er (please identi	fy):			
X Deposit Account D			count Name:	Mor	rison & Foers	ter LLP		
	•	count, the Director		ized to: (check	k all that apply)			
	(s) indicated below		<u>—</u>		cated below, ex	xcept for th	e filing fee	
	y additional fee(s) o er 37 CFR 1.16 an	or underpayment of	x Cred	dit any overpa	yments			
FEE CALCULATION			n filing or ma	y be subjec	t to a surcha	arge.)		
1. BASIC FILING, SEAR			<u> </u>					
	FILING		ARCH FEES	<b>EXAMIN</b>	ATION FEES			
A		nall Entity	Small Entit		Small Entity	Ecos B	oid (¢)	
Application Type	Fee (\$)	Fee (\$) Fee (		<u>Fee (\$)</u> 200	<u>Fee (\$)</u> 100	Fees P	aid (\$)	
Utility	300	150 500			65			
Design	200	100 100		130				
Plant	200	100 300		160	80			
Reissue	300	150 500		600	300			
Provisional	200	100 0	0	0	0			
2. EXCESS CLAIM FEES	3					Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (incl.)	udina Poiaguas)					50	25	
Each independent claim	,	Daicenae)				200	100	
Multiple dependent claim		iceissues)				360	180	
•		(#) Foo	Daid (\$)	NA.	Itiple Depende		100	
<u>Total Claims</u> <u>Ext</u>		(\$) Fee	Paid (\$)			Fee Paid (\$	1	
HP = highest number of total	claims paid for, if great	ter than 20.		1 66	<u>: 141</u>	CO I CIG IV	Ĺ	
Indep. Claims Ext	ra Claims Fee	<del></del>	Paid (\$)				_	
HP = highest number of inde	pendent claims paid for	r, if greater than 3.						
3. APPLICATION SIZE F								
If the specification and		100 sheets of paper	(excluding ele	ctronically file	ed sequence or	computer		
listings under 37 CF					tity) for each a	dditional 50	)	
sheets or fraction the								
Total Sheets	Extra Sheets	Number of each	additional 50 or f (round up to a v			<u>Fee F</u>	Paid (\$)	
- 100 = 4. OTHER FEE(S)			_ (louid up to a v	whole fluiliber)	`	Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00								
SUBMITTED BY	12/	Por 77 G	Registration No.	20 055	Tolophana	(702) 760	0-7743	
Signature	7 John	~ 12	(Attorney/Agent)	28,055	Telephone	(703) 760		
Name (Print/Type) Barry F	<ul> <li>Bretschneider</li> </ul>				Date	October 2	4. 2006	